

SUBCONTRACTOR APPROVAL FORM

PLEASE PRINT LEGIBLY

CONTRACTOR NAME: _____

SUBCONTRACTOR NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

DATE OF BIRTH: _____ PHONE# _____

EMAIL: _____

SIGNATURE OF CONTRACTOR: _____ DATE _____

CITY USE ONLY

CONTRACT #: _____

FINGERPRINTS PAID FOR: ☐ YES ☐ NO _____
STAFF SIGNATURE/DATE

BACKGROUND: ☐ YES ☐ NO _____
CLEARED STAFF SIGNATURE/DATE

CLEARED TO ☐ YES ☐ NO _____
WORK STAFF SIGNATURE

DATE RECEIVED

PHOTO TAKEN: ☐ YES ☐ NO _____
STAFF SIGNATURE/DATE

CONTRACTOR ☐ YES ☐ NO _____
NOTIFIED BY EMAIL STAFF SIGNATURE/DATE

APPROVED BY: _____

LAURA DETWEILER, DIRECTOR
RECREATION & SENIOR SERVICES DEPARTMENT

DATE